U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Administration Office of Labor-Management Standards Washington, DC 20210 MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNITAL PECEIDES AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL AND

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1215-0188 Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

	READ THE IN	STRUCTION	ONS CAREFULLY BEFORE PREPARING THIS REPORT.
For Official Use Only VOUG	1. FILE NUMBER	2. PERIOD	DD COVERED MO DAY YEAR 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
42	028-036	From	(b) TERMINAL - If your organization ceased to exist and this is its
30.38 f	02000		(c) SUBSIDIARY — If this is a report for a subsidiary organization of
E SO		Through	h 1 2 3 1 2 0 0 2 (c) SUBSIDIARY — It this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
		-	8. MAILING ADDRESS
MARK JUNES	(2) 02	28-036	First Name
TEAMSTERS AFL-CIO		540	MARK
LU 66 552 DEMNY WAY			Last Name
SEATTLE, WA 98109	12	/2002	JONES
			D.O. Davidding and Dear Number (if only)
Milabetamillhaddaaddl			P.O. Box · Building and Room Number (if any)
. AFFILIATION OR ORGANIZATION	NAME		-
AFL-CIO			Number and Street
5. DESIGNATION (Local, Lodge, etc.	6. DESIGNATIO	N NUMBER	552 DENNY WAY
LU	66		City
7. UNIT NAME (if any)			SEATTLE
			State ZIP Code + 4
9. Are your organization's records kep	t at its mailing address? Yes	No N	TWA 98109-
(If "No," provide address in Item 75			
5, ADDITIONAL INFORMATION	<u></u>		
Item Number			
Each of the undersigned, duly authorized or	fficers of the above labor organization.	, declares, und	nder the applicable penalties of law, that all of the information submitted in this report (including the information contained in any lersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)
76.	and by and digitality and by to the be	PRESIDE	
SIGNED	7	(If othe	The feet we feet we
3-27-03		,	nstructions.) (73 - 27 - 03 (206) 441-8635 see instructions.)
Date	Telephone Number		Date Telephone Number
orm LM-2 (Revised 2000)			2) _ 1 Page 1 of

During the Reporting Period Did Your Organization:			18. How many members did your organization have at the end of the 6 2 5
Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No	reporting period? 19. What is the date of your organization's 10. What is the date of your organization's 10. What is the date of your organization's
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?		X	next regular election of officers? 20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?		X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?		X	(a) Regular Dues/Fees Rates of Dues and Fees 25-51 per MONTH (Month, Year, etc.)
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X		(b) Initiation Fees (c) Transfer Fees \$
15. Discover any loss or shortage of funds or other property?		X	(d) Work Permits Some Per None (Month, Year, etc.)
 (Answer "Yes" even if there has been repayment or recovery.) 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? 		X	22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/ procedures listed in the instructions?
Liquidate or reduce any liabilities without disbursement of cash?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
			24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.)		tails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

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Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only -- Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		1 9 7 0 3 8	1 9 4 1 8 9
	26. Accounts Receivable		0	4 4 1
ETS	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		6 1 4 8 8	8 9 5 5 6
	29. Investments	2	2 6 2 9 1 8	2 9 3 5 3 8
	30. Fixed Assets	5	1 9 1 6	1 4 7 2
	31. Other Assets	3	0	0
	32. TOTAL ASSETS		5 2 3 3 6 0	5 7 9 1 9 6
	LIABILITIES	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		5 1	0
ĒS	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
LIA	36. Other Liabilities	4	0	0
	37. TOTAL LIABILITIES		5 1	0
	38. NET ASSETS (Item 32 less Item 37)		5 2 3 3 0 9	5 7 9 1 9 6

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STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 2 8 - 0 3 6

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only -- Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		3 4 7 0 7 5	56. To Officers	9	1 1 2 1 2 1
40. Per Capita Tax		0	57. To Employees	10	28239
41. Fees		1 6 5 6 4	58. Per Capita Tax		6 9 8 0 4
42. Fines		1 3 7 7 0	59. Fees, Fines, Assessments, etc		0
43. Assessments		3 8 9 2 6	60. Office & Administrative Expense	13	3 2 7 7 5
44. Work Permits		0	61. Educational & Publicity Expense		0
45. Sale of Supplies		8	62. Professional Fees		1 0 8 6 4
46. Interest		2 1 4 1 8	63. Benefits	11	7 0 7 3 2
47. Dividends		7 3 2	64. Contributions, Gifts & Grants	12	8 1 0
48. Rents		0	65. Supplies for Resale		1 0
49. Sale of Investments & Fixed Assets	6	5 1 6 9 4	66. Direct Taxes		1 9 6 6 3
50. Loans Obtained	8	0	67. Withholding Taxes		3 0 8 4 6
51. Repayments of Loans Made	1	0	68. Purchase of Investments & Fixed Assets	7	1 1 3 5 1 8
52. On Behalf of Affiliates for Transmittal to Them		5 0 0	69. Loans Made	1	0
53. From Members for Disbursement on Their Behalf		3 0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	2 2 6 2	71. To Affiliates of Funds Collected on Their Behalf		0
·		-	72. On Behalf of Individual Members		5 3
			73. Other Disbursements	15	6 3 9 3
55. TOTAL RECEIPTS		4 9 2 9 7 9	74. TOTAL DISBURSEMENTS		4 9 5 8 2 8

Enter Amounts in Dollars Only -- Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Recei	ved During Period	Loans
business enterprises regardless of amount. (A)	Outstanding at Start of Period (B)	Loans Made During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
1.					
2.					
3.					
	:				
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	0
The totals from Line 6 are entered in	ltem 27 Column (A)	ltem 69	item 51	ltem 75with Explanation	

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 0 2 8 - 0 3 6

SCHEDULE 3 - OTHER ASSETS

Description (A)	Amount (B)	Description (A)	Book Value (B)
Marketable Securities 1. Total Cost	2 2 6 7 1 0	1. None	0
2. Total Book Value	2 2 6 7 1 0	3.	
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2. (a) None	0	4. 5.	
(b)		6. Total from additional pages (if any)	
(c)		7. Total of Lines 1 through 6	0
(d)		The total from Line 7 is entered in	item 31, Column (B)
Other Investments 4. Total Cost	6 6 8 2 8	SCHEDULE 4 - OTHER	LIABILITIES
5. Total Book Value	6 6 8 2 8	Description (A)	Amount at End of Period (B)
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.		1. None	0
(a) None	0	2.	
(b)		3.	
(c)		5.	
(d)			
(e) Total from additional pages (if any)		6. Total from additional pages (if any)	
7. Total of Lines 2 and 5	2 9 3 5 3 8	7. Total of Lines 1 through 6	0
The total from Line 7 is entered in	Item 29, Column (B)	The total from Line 7 is entered in	ltem 36, Column (D)
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SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 2 8 - 0 3 6

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	0		0	0
2. Totals from additional pages (if any)				
3. Buildings (give location): None	0	0	0	0
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	0	0	0	0
6. Office Furniture and Equipment	2 4 6 5 0	23178	1 4 7 2	0
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	24650	23178	1 4 7 2	0
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. CORPORATE BONDS	31200	31200	31134	31134
US SECURITIES 2.	9958	9958	11328	11328
3. COMMON STOCK	11329	11329	9232	9232
4.				
5. Totals from additional pages (if any)			_	
6. Totals of Lines 1 through 5	52487	52487	51694	51694
	7. Less Reinvestments	·	-	0
	8. Net Sales			5 1 6 9 4
The total from Line 8 is entered in			Item	49

SCHEDULE 7 – PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 2 8 - 0 3 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. CORPORATE BONDS	42638	42638	42638
2. US SECURITIES	38512	38512	38512
3. COMMON STOCK	32096	32096	32096
4. DIGITAL CAMERA	272	272	272
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	113518	113518	113518
	7. Less Reinvestments		0
	8. Net Purchases		1 1 3 5 1 8
The total from Line 8 is entered in		Ite	n 68

SCHEDULE 8 -- LOANS PAYABLE

Course of Lagra Double of Ass.	Lana Owad at	Loons Obtained	Repayment Made	During Period	Lagra Owad at
Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
1. None	0	0	0	0	C
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	(
6. Totals of Lines 1 through 5 The total from Line 6 is entered in	0 ltom 34	0 Itom 50	0 ltom 70	0 ltom 75	Itom 34

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 2 8 - 0 3 6

											_					
- -	(A) Name (List all persons who held office during the reporting period they received no salary or other disbursements.)		Gros (before	e tax	kes	an			Disbursements for Official	Other						
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.	Status (C)*	other o	(D)		ons	s) 	Allowances (E)	Business (F)	Disbursements (G)				otal H)		
	JONES MARK		6	2	9	ų	ı		573	0	T		L :	3 5	: :	<u>.</u> 4
1.	SECRETARY TREAS	C								2						
	SCHWARTZ LEO		6	5	5	4		0	630	0	\dagger		6	3 1		7 1
2.	PRESIDENT	C														
	CUTRIGHT JOHN			ı	Ь	7	0	0	0	0	1		:	l E		7 0
3.	VICE PRESIDENT	C	:													
	CLARKSON BRETT				9	F	0	0	0	0				-		• 0
4.	TRUSTEE	C														
	MALO DON			ı	6	2	0	0	0	o	T		:	r F	i	2 0
5.	RECORDING SEC	C														
	SALMOND JR WILLIE				9	3	ច	0	G	٥				G	1 3	3 0
6.	TRUSTEE	C														
	THOMPSON HOWARD			J.	4	2	٥	0	0	a				<u> </u>		2 0
7.	TRUSTEE	C														
8	. Totals from additional pages (if any)	-		1	l 6	0	0	0	0	0				1	6	0 0
9.	. Totals of Lines 1 through 8		1	3 3	6	8	2	0	1203	0	Ť	1	1 3	4	8	8 5
									10. Less Deduction	es		2 2	. 7	7 (6	4
	The total from Line 11 is entered in						It	em 56	11. Net Disburseme	ents 1	1	2	: 1	1 :	2	1
*(Code for Status (C): past officer - P; continuing officer - C; new offi	cer during th	ne reporting	per	iod ·	- N.			(If any officer was no your organization's co	t elected at a regular elec onstitution and bylaws, ex	tion xpla	in acc	corda em 7	nce :	with	

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 2 8 - 0 3 6

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Ī	Other Disbursements (G)	Total (H)
	35748		(F) 0	0	36322
HULL ROMEO VONNA 1. ADMINISTRATIVE	33740	5 7 4			30322
2.					·
3.					
4.					
5.					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	0	0	0	0	0
8. Totals of Lines 1 through 7	35748	574	9. Less Deductions		36322 8 0 8 3
The total from Line 10 is entered in		tem 57	10. Net Disbursemer		2 8 2 3 9

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SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 2 8 - 0 3 6

Description To Whom Paid (A) (B)			ount			
1. PENSION	WEST CONF OF TEAM PENS PL	3	7	4	4	0
2. PENSION	WEST CONF OF TEAM REP PL		1	9	2	5
3. HEALTH INSURANCE	NORTHWEST METAL CRAFTS TR	2	5	2	4	8
4. GROUP LIFE INSURANCE	TEAMSTERS LIFE WITH DUES		4	6	1	9
5. Total from additional pages (if any)			1	5	0	0
6. Total of Lines 1 through 5		7	0	7	3	2
The total from Line 6 is entered in		Ite	em 6	3	_	

SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description Amount (A) (B) 1 DONATIONS 2 0 0 2. ATTENDANCE PRIZES 3. CHRISTMAS GIFTS & CERTIFICATES 4 0 4. 5. 6. 7. Total from additional pages (if any) 8. Total of Lines 1 through 7 8 1 The total from Line 8 is entered in Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)				
1. TELEPHONE	6	2	6	8	
2. RENT	9	1	1	2	
3. SUPPLIES	5	0	7	8	
4. POSTAGE	1	9	0	1	
5. COMPUTER SUPPLIES		3	0	4	
6. INSURANCE/BONDING		9	9	1	
7. Total from additional pages (if any)	9	1	2	1	
8. Total of Lines 1 through 7	3 2	7	7	5	
The total from Line 8 is entered in Item 60					

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SCHEDULE 14 - OTHER RECEIPTS

Amount Description (B) (A) 1 MISCELLANEOUS 2 2 6 2 2. 3. 4. 5. 6. 7. 8. 9. 10. 111. 12. 13. 14. 15. 16. Total from additional pages (if any) 2 2 6 2 17. Total of Lines 1 through 16 The total from Line 17 is entered in Item 54

SCHEDULE 15 - OTHER DISBURSEMENTS

Description (A)	Amount (B)		
1.NSF CHECKS	2	9	5
2.WITNESS FEE	1	2	0
3.RETIREES CLUB	3	8	7
4. DUES REFUND	8	3	8
5.EDUCATION & PUBLICITY	2	2	5
6.STEWARDS EXPENSES	2	0	2
7. INVESTMENT FEES	4 3	2	6
8.			
9.			
10.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****
11.			
12.			
13.		<u>.</u>	
14.			
15.			
16. Total from additional pages (if any)			
17. Total of Lines 1 through 16	6 3	9	3
The total from Line 17 is entered in	Item 73		

ORGANIZATION NAME: AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

SCHEDULE 9 – ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period every they received no salary or other disbursements.)		Gross Salary (before taxes and		Disbursements for Official	Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)
KLATT TED WARDEN	C	450	a	0	a	450
THOMAS MARIE VICE PRESIDENT	Р	460	0	o.	0	4 Ь О
JENNE JAN TRUSTEE	Р	690	0	0	0	690
	•					

ORGANIZATION NAME: AFL-CIO	 		
ENDING DATE OF PERIOD COVERED: 12/31/2002		-	

SCHEDULE 11 – BENEFITS (continued)

Description (A)	To Whom Paid (B)	Amount (C)
DEATH BENEFITS	RAYMOND ANDERSON	1 5 0 0

ORGANIZATION NAME: AFL-CIO	FILE NUMBER: 0 2 8 - 0 3
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 13 – OFFICE & ADMINISTRATIVE EXPENSE (continued)

Description	Amount			
(A)	(B)			
EQUPMENT RENTAL	1	5	4	7
BANK CHARGES		1	3	4
TRAVEL	1	9	5	5
AUTO EXPENSE - INSURANCE	1	3	8	7
OUT OF TOWN TRAVEL	4	0	9	8
	<u></u>			

12/31/2002

ORGANIZATION NAME: AFL-CIO	107	
ENDING DATE OF PERIOD COVERED: 12/31/2002		

75. ADDITIONAL INFORMATION

Item Number		
14 MAHRT & ASSOCIATES, PLLC		
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ORGANIZATION NAME: AFL-CIO	
ENDING DATE OF PERIOD COVERED: 12/31/2002	

							_
ILE NUMBER:	0	2	8	-	0	3	6

TRUSTEE SIGNATURES

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)									
Trustee Sign:	TRUSTEE	Trustee Sign:	TRUSTEE						
									
Date Telephone Numb	per	Date	Telephone Number						

Teamsters Local 66 Atachment to LM-2 Year Ended December 31, 2002 File 028-036

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Item 10 Subsidiary Organizations

Local 66 holds a one-fifth interest in the assets of the Teamsters Building Association of Seattle, a non-profit, tax exempt organization possessing the title to property and buildings in which the offices of Local 66 are located.

The limited control which can be exercised by Local 66 through its partial ownership over the Building Association exempts it from the category of a subsidiary organization as described in the criteria for subsidiaries in Section X of the instructions.

The cost of Local 66's share in the Building Association is reported as an asset in Schedule 2 of this report.

Schedule 2 Investments other than US Treasuries

There are no investments in excess of \$1,000 and 20% of the amount shown in Schedule 2.